

October 28, 2002

Re: Medical Dispute Resolution  
MDR #: M2.02.1164.01  
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Pain Management and Anesthesiology.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

Clinical History

This 51-year-old female's on-the-job injury on \_\_\_\_ resulted in spondylolysis of L5 and a second-degree spondylolisthesis of L-5 over S-1. The report stated that the spondylolysis was chronic, with compensatory deformity of the anterior aspect of the body of S-1. She was treated conservatively with physical therapy and was advised to lose weight.

The claimant underwent bilateral posterolateral fusion with iliac bone graft laminotomy and foraminotomy on 06/10/94, with postoperative physical therapy for approximately three months. She had achieved a full range of motion with a pain rating of 1/10 upon discharge from physical therapy on 11/07/04, after which she completed a work hardening program and was released to full-duty work on 12/28/94. Approximately two months later, she was found

to have reached maximum medical improvement with a 12% whole-person impairment rating.

The records indicate that she saw her medical doctor on a regular basis throughout 1996 and continued to receive pain medication. She was not seen by him at all in 1997, and only once in 1998. She was seen four times in 1999, receiving prescription medication only once. She was seen only once in 2000 and received no medication.

She began seeing a chiropractor in January 2002, complaining of back pain, which continued through March 2002. She received passive-modality chiropractic treatment during this time. The claimant followed up with the chiropractor on 03/20/02, 04/23/02 and 05/02/02, with no mention of psychological disturbances. The chiropractor persisted in recommending psychologic evaluation for workup of a chronic pain management program.

A mental health assessment was performed on 05/31/02, but no detailed physical examination was done. Objective findings were listed, which the reviewer determines to be subject reports of complaints by the claimant, not objective test findings. The tests administered do not measure psychologic status. A cursory mental status examination was performed, and the claimant was diagnosed with adjustment disorder with chronic anxiety and pain disorder associated with psychologic features. A request was again made for a chronic pain management program.

Disputed Services:

Multi-disciplinary chronic pain management program.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services in question are not medically necessary in this case.

Rationale for Decision:

Based on the medical documentation provided, the claimant has no significant need for medical attention and no documented medical complaints for over six years from the point she was released to and returned to full-duty work. There is no evidence of ongoing pain complaints, medication necessity, investigations or studies performed demonstrating any pathology, or any significant need for medical attention. The documentation clearly demonstrates no psychological problems either while she was undergoing active

treatment before returning to work, or while she was being treated by the chiropractor.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 28, 2002.

Sincerely,